YORK College CUNY The City University of New York
Office of the Registrar
94-20 Guy Brewer Blvd., Jamaica, NY 11451
Phone (718) 262-2145 * Fax (718) 262-2631
registrar@york.cuny.edu

Staff Initial: _____

Date: _____

☐ **Photo Id Checked**

Undergraduate Readmission Application 2018

Filing Alert: **ALL APPLICATIONS MUST BE RECEIVED BY DECEMBER 14, 2017 FOR WINTER 2018; JANUARY 11, 2018 FOR SPRING 2018. APPLICATIONS SUBMITTED AFTER THESE DATES WILL BE RETURNED.**

Students with an overall GPA below 2.0 must obtain approval from Committee on Academic Policy and Standards (4G04) to be allowed readmittance.

I am requesting readmission to York College for the ◉ **Winter** ○ **Spring**

CUNYfirst Empl ID: _____ **Social Security Number (*last four digits*)** _____

Name: _____ _____ _____
Last First M.I.

***Address:** _____

***City** _____ **State** _____ **Zip** _____

***Phone:** Home _____ Cell_____ Work _____

*Information will be used to update York College records

Gender: ◉ Male ○ Female- **Veteran:** ○ Yes ◉ No

Visa Status_____
All students on F-1 visas must maintain full-time course of study

****Requested Major upon return:** _____ **Requested Minor:** _____

****Any student wishing to declare *Clinical Laboratory Sciences/Medical Technology, Health & Physical Education, Nursing, Occupational Therapy, Physician Assistant, Public Health, Social Work, and Teacher Education* must complete a Declaration of Major/Minor form signed by the Department Chair.**

Indicate other institution(s) attended while separated from **York College** (***Official transcripts must be sent to the Office of the Registrar)***
Transfer credits will only be evaluated for school(s) that are listed below. Any omission will forfeit credit evaluation.

_____	_____	_____
College Name	**Dates of attendance**	**Credits earned**
_____	_____	_____
College Name	**Dates of attendance**	**Credits earned**

SEEK Students: SEEK counselor's signed approval required (Room 1C08) prior to submission of this form.

_____ _____
SEEK Counselor signature **Date**

Return completed form to the Registrar's Office with a check or money order in the amount of twenty dollars ($20.00) made payable to York College. **THIS FEE IS NOT REFUNDABLE**.

In order to attend classes at York College, all students born on or after January 1, 1957, are required to submit proof of two immunizations for measles and proof of immunizations for mumps and rubella. Additionally, **ALL** students and legal guardians (if the student is under 18 yrs) **MUST** submit a signed response form, indicating immunization (with proof) or student's choice not to obtain meningococcal meningitis vaccine. **Also, students who have not passed all three CUNY skills assessment tests may not continue as matriculated students in a senior college of the City University of New York.**

By signing below, I attest that all information entered above is true. I also acknowledge I will be required to fulfill the Pathways General Education Requirements if I have been separated from York College for two or more consecutive semesters. In addition, I also acknowledge that I will be required to fulfill the Major Requirements in the current bulletin if I have been separated from York College for three or more consecutive semesters.

_____ _____
Signature **Date**

REGISTRAR'S OFFICE USE ONLY

Career#__ ☐Non-Degree ☐Undergrad. ☐Pathways Old Gen. Ed. Req. _____ Major Req._____

Resident Status_____ Last Attendance _____ CAPS Action Date _____ Max Crs _____

Rev 11/2017